

# Contract Instructor Application

First Name	Middle Name	Last Name	Maiden Name (If Applicable)
Address, City, State, and Zip Code			
Date of Birth	DL# and State	Social Security Number	
Telephone Number	Alternate Phone Number	Email Address	
Emergency Contact	Relationship	Telephone Number	

## Work Experience

- |                     |                  |                    |
|---------------------|------------------|--------------------|
| Current Employer    | Address          | Telephone Number   |
| Job Title           | Employment Dates | Name of Supervisor |
| Description of Work |                  |                    |
| Reason for Leaving  |                  |                    |
- |                     |                  |                    |
|---------------------|------------------|--------------------|
| Previous Employer   | Address          | Telephone Number   |
| Job Title           | Employment Dates | Name of Supervisor |
| Description of Work |                  |                    |
| Reason for Leaving  |                  |                    |

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all statements contained in this application for contract employment as may be necessary in arriving to an employment decision. In the event of contracting my services, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also that I am required to abide by all rules and regulations of the City of Mansfield. **Candidates are subject to a Texas criminal background check prior to contract appointment with the City of Mansfield.**

Signature	Date
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## Class Information

Title

Alternative Title(s)

Business/Organization Name

Website

Tell us about your class. Describe what will happen during a typical day in your class.

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What is the objective of the class?

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What are the learning outcomes? What are the benefits to taking this class?

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What experience do you have teaching this class?

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Awards, Achievements, Certificates, and Credentials in the Subject:

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Are you CPR certified?

☐ Yes

☐ No

Expiration: \_\_\_\_\_

Are you First Aid certified?

☐ Yes

☐ No

Date: \_\_\_\_\_

Do you currently have participants  
interested in this program?

☐ Yes

☐ No

If so, how many? \_\_\_\_\_

Have you taught this class before?

☐ Yes

☐ No

Where and when? \_\_\_\_\_

## Desired Class Schedule

Day(s) of the week you want to teach (Circle your choices):      Mo      Tu      We      Th      Fr      Sa

How many weeks will the class be held? \_\_\_\_\_

Time(s) you want to teach: \_\_\_\_\_

Which session dates are you interested in teaching this course?

- ☐ Spring Session (March, April, May) - Must apply by December 1st
- ☐ Summer Session (June, July, August) - Must apply by March 1st
- ☐ Fall Session (September, October, November) - Must apply by June 1st
- ☐ Winter Session (December, January, February) - Must apply by September 1st

## Students

Preferred Class Size      Minimum: \_\_\_\_\_      Maximum: \_\_\_\_\_

What age group(s) are you interested in teaching?

- ☐ Pre-School      ☐ Youth      ☐ Teen      ☐ Adult      ☐ Seniors

What supplies or materials will students need to bring or wear to class?

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## Pricing

**\*Instructors receive 65% of the class fee. Please remember this when determining a class fee.**

Price you want to charge for the class: \$ \_\_\_\_\_

Are there any additional supply fees? If so, how much and what is it for?

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## Brochure Description

**\*Description may be edited for space allotment.**

Please provide a 5 sentence description of your program that will appear in the MAC's brochure. Speak to your audience so they have a sense of your excitement and a feel for the class. Be creative!

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